

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s) Kenneth George Maclean Confirmation No.: 7385
Application No.: 10/733,146 Examiner: Andrew Wendell
Filing Date: 11 December 2003 Group Art Unit: 2618
Title: LOW NOISE TRANSCEIVER

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER FOR RESPONSE/AMENDMENT

Transmitted herewith is/are the following in the above-identified application.

- | | |
|--|--|
| <input checked="" type="checkbox"/> Response/Amendment | <input checked="" type="checkbox"/> Petition to extend time to respond |
| <input checked="" type="checkbox"/> New fee as calculated herein | <input type="checkbox"/> No additional fee |
| <input type="checkbox"/> Other: _____ | |

CERTIFICATION UNDER 37 CFR §§ 1.8(a) and 1.10*
Express Mail certification is optional.)

I hereby certify that this correspondence is being transmitted to the U.S. Patent and Trademark Office via electronic filing on March 19, 2008

Typed Name: Lisa D. Jones

Signature: 

FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being transmitted via facsimile to the Patent and Trademark Office at (§ 1.71)

*Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timelines. See § 1.703(f). Consider "Express Mail Post Office Addresses" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

CLAIMS AS AMENDED									
FOR	(1) CLAIMS REMAINING AFTER AMENDMENT		(2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(3) PRESENT EXTRA	(4) SMALL ENTITY		(5) LARGE ENTITY		(6) ADDITIONAL FEES
					RATE	FEE	RATE	FEE	
TOTAL CLAIMS	21	MINUS	22	0	X \$ 25.00		X \$ 50.00	0.00	
INDEP. CLAIMS	04	MINUS	04	0	X \$105.00		X \$210.00	0.00	
[] First Presentation of a Multiple Dependent Claim					\$185.00		\$370.00		
SUBTOTAL OF ADDITIONAL FEES								0.00	0.00
<p>* If the entry in Column 1 is less than entry in Column 2, write "0" in Column 3.</p> <p>** If the "Highest No. Previously Paid For in this space" is less than 20, enter "20".</p> <p>*** If the "Highest No. Previously Paid For" in this space is less than 3, enter "3".</p> <p>The "Highest No. Previously Paid For" (Total / Independent) is the highest number found in Col. 1 of a prior amendment / the number of claims originally filed.</p> <p>WARNING: After final rejection or action (51.113) amendments may be made canceling claims or complying with any requirement of form which has been made. 37 C.F.R. § 1.116(s)(emphasis added).</p>									
<p>Applicant petitions for an extension of time under 37 C.F.R. §1.136 (FEES: 37 C.F.R. §1.17 (1) - (4) for the total number of months checked below:</p>									
EXTENSION	1ST MONTH		2ND MONTH		3RD MONTH		4TH MONTH		
Large Entity	<input checked="" type="checkbox"/>	\$120.00	<input type="checkbox"/>	\$450.00	<input type="checkbox"/>	\$1,050.00	<input type="checkbox"/>	\$1,640.00	\$120.00
Small Entity	<input type="checkbox"/>	\$0.00	<input type="checkbox"/>	\$230.00	<input type="checkbox"/>	\$25.00	<input type="checkbox"/>	\$20.00	
<p>[] An extension for _____ month(s) has already been secured and the fee paid therefore of \$ _____ is deducted from the total fee due for the total month(s) of extension now requested.</p> <p>[] Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.</p>									
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT								\$120.00	

FEE PAYMENT

- ☐ Attached is a ☐ check ☐ money order in the amount of \$ _____
- ☒ Authorization is hereby made to charge the amount of \$120.00
- ☒ to Deposit Account No. 20-0668
- ☐ to Credit card as shown on the attached credit card information authorization form PTO-2038
- WARNING:** Credit card information should **not** be included on this form as it may become public.
- ☒ Charge any additional fees required by this paper or credit any overpayment to Deposit Account No. 20-0668
- A duplicate of this paper is attached.

FEE DEFICIENCY

- ☒ If any additional extension and/or fee is required, charge Deposit Account No. 20-0668

AND/OR

- ☒ If any additional fee for claims is required, charge Deposit Account No. 20-0668

Date: 19 March 2008

Customer No.: 23494

Reg. No.: 39.334

Signature Of Attorney

GARY J. PITZER

TAROLLI, SUNDHEIM, COVELL & TUMMINGO L.L.P.

1300 East Ninth Street - Suite 1700

Cleveland, OH 44114-1400

Tel. No.: (216) 621-2234